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YSICIANS should OCCUPATION IS RECORD 0 statement PERMANENT classified. D shoul properly ы supplied. pe may certificate. # that 80 0 back terms. should plain instructions information \_ of inford item OF Every item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS PERSONAL 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARHED, WIDOWEO, ORDWORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended decessed from 17 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at //. t day, ..... hrs. was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) ...! which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State of country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 13 BIRTHPLACE OF MOTHER

ı	16 LENGTH OF RESIDENCE (FOR H	
	At place of death 15 yrs. 18 mos. 18 ds.	In the All Life State yrs, mos. d
	Where was disease contracted, If not at place of death?	21/0/

usual residence

19 PLACE OF	BURIAL	OR	REMOVAL
(1 //.	//		

DATE OF BURIAL

ADDRESS

29 UNDERTAKER

(Address) REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Mouscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purremal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head (name origin; "Can-State cause for Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 7 1914
BUREAU, V.S.

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-Every ite	Eil	of	Info	rma	tion	sho	pin	pe	carefull	y s	jjddn	ed.	AGE	Sh	pino	be	stated	EXACTLY.	Hd	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS
CAUSE	0	DE	ATH		plai	n te	rms.	80	that	+	nay k	De p	rope	riy	classi	fled.	Exac	t statemer	nt of	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI
important. See instructions on back of certificate.	ند	See	ins	truc	tions	U0 1	back	k of	certific	cate	. •									

OF MOTHER

OF MOTHER (State or country) Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Vincen J. Hughes.

13 BIRTHPLACE

(Informant) --

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Mary Paddington.

State Sanatorium. Md.

560 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Frederick. Registration Dist. No..... Village or City State Sanatorium, (No. .St .:....Ward) John A. Aler. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. January Male White WIDOWED. Married (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Dec. 27th, 1913 to January 28th, 1914. November 29th. 1866. that I last saw him allye on January 27th. 1914 (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4:15 A.m. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION Pulmonary & laryngeal Tuberculosis. (a) Trade, profession, or Weigher particular kind of work (b) General nature of industry. business, or establishment in (Duration) 2(?) yrs. mos ds. which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) Maryland (Duration) 10 NAME OF FATHER Ruben J. Aler. (Signed)..... Jan. 28, .. 191 4 (Address) State Sanatorium. 11 BIRTHPLACE LIN (State or country) Maryland \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIOAL, or HOMICIDAL. ARE 12 MAIDEN NAME

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. Unknown. If not at place of death?. Baltimore. Md.

19 PLACE OF BURIAL OR REMOVAL Baltimore, Md.

Unknown. ..., 191.4...

DATE OF BURIAL

Ilf death occurred in

a hospital or institution. give its NAME Instead ot street and number. ]

28th. 191.4

20 UNDERTAKER M. L. Creager.

usual residence.

ADDRESS Thurmont, Md.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defluite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cevebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

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valvular heart discase; Chronic interstitial nephritis nant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. mus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerveral septiehae etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Juanition," "Marus "Collabse," "Coma," "Convulsions," "Debility" ("Congenita)," "Senile," etc.), "Dropsy," "Exhaustlon," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory," sepsis, tetanus) injury, as fracture of sknll, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS State MEANS OF INJURY and qualify as cause. by earbolic actd-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.: (Recommendations on statement of may be stated under the head of Never report

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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OCCUPATION RECORD PERMANENT supplied that it r back terms, should if Information s EATH in plain plain P of I DEA See Item OF Every item CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.;....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 191 (Day) (Month) (Year) It LESS than 7 AGE and that death occurred on the date t day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ds. mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmant in (Duration) which employed (or amployer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE L OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ..... yrs. .... mos. State Where was disaase contracted. It not at place of death? Former or usual rasidence DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation hus gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purereral scotichae-"Hart fallure," "Haemorrhage," "Inanition," "Maras injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A" Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for death), 29 ds. Examples:



8. No. 1.

Vi	illage or City Freelevick (No	St.; Ward)  St.; Ward)  Lev Andlerson  Registered No.  [It death occurr a hospital or instit give its NAME in of streef and numb
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Pale White Markets Single ORDIVERCED (Write the word)  ATE OF BIRTH September 15th, 1865	16 DATE OF DEATH  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Month)  (Month)  (Day)  (Yea  17  I HEREBY CERTIFY, That I attended deceased  (Month)  (Mo
(a) par	(Month) (Day) (Year)  If LESS than 1 day, hrs. OR min.?  CCUPATION Trade, profession, or dicular kind of work  Beneral nature of industry,	and that death occurred on the date stated above, at
busi whi	ness, or establishment in chemployed (or employer)  RTHPLACE tate or country)  And Clerick Md	Gontributory (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
PARENTS	11 BIRTHPLACE OF FATHER (State or country ame arundel Ce  12 MAIDEN NAME OF MOTHER) OF MOTHER AME SO JUMNES	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Is orgation & Cr HE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) Sure La Hamilton American Amer	At place In the ot death yrs, mos, ds. State yrs, mos, Where was disease contracted, if not at place of death?  Former or usual residence
15 File	ed 24 Jan 1914 to dra Jame bura	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  COUNTY CENTERS  ADDRESS  ALERA COUNTY  ADDRESS

STATE OF MARYLAND

562

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is nection is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None been changed or given up on account of the DISEASE mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (%)

Statement of cause of death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitie," etc. childbirth or miscarriage, as "Puzzezzal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion,"



PERMANENT INK UNFADING certificate. 5 back Instructions C DEATH See ŏ Item OF mportant. CAUSE B.

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution give Its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, LUNG SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) Z &(Day 19/4(Year) DATE OF BIRTH 1914 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10.30 Pm. 1 day. O. hrs. OR. .. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 1D NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country ...... yrs. ..... mos. ..... ds. Stato ..... yrs. \_\_\_\_ mos... Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of..... (name orlgin; "Canschsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL poritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomeucla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of kead-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. W. M. Sweeth



		hould ON 1s
	RECORD	PHYSICIANS &
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	LH U	be car so the
	RITE PLAINLY, WIT	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.
*****	W	Every item CAUSE OF Important.

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state Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Frederick Registration Dist. No. It death occurred in St: .....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH Was Toured dead in 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, MAG 625 R.M. WIDOWED, (Month) (Day) ORDIVORGED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1803 (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory.... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death 1.3 yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the uature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Can death), 29 State cause for "Exhaustion," Examples:



V. B. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exsct statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 565 Junty Induck	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 14
Vi	*FULL NAME M. L. Beggs	St.; Ward)  [it death occurred in a hospitel or institution, give its NAME instead at etreet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
°SE		16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I sttended deceased from
6 D	Month (Day) (Year)	that I last saw h
	raut 92 yra. mos. ds. or min.?	and that desth occurred on the date stated above, at John m, The CAUSE OF DEATH was as follows:  (rueshed by Caro, dich in
(e) par (b) busi whi	GCUPATION I Trade, prefession, or ricular kind of work  General nature of industry, iness, or establishment in ich employed (or employer)  RTHPLACE tate or country)  ROWN AND AND AND AND AND AND AND AND AND AN	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.
rs.	10 NAME OF FATHER DON'T 19MOW	(Signed) X Coris Wasf, M. D. Jan 27, 1914 (Address) Businet ma
PARENTS	OF FATHER (State or country) How I mon	*State the DISEASE CAUSING DEATH, or, in desths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ď	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT.RESIDENTS)  At place In the ot death
	(Informent) C-13. Tule Your	Where was disease contracted, If not at place of death?  Former or usual residence
15 FII	(Address) Bursensi ma led Ju 27, 1914 April REGISTRAR	19 PLACE OF BORIAL OR REMOVED PATE OF BURIAL RUN 20 UNBERTAKER  O, . V. FLUB FOOD  BURIAL RUN ADDRESS BURIAL RUN ADDRESS BURIAL RUN ADDRESS
	If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various purguits can be known. The question tion is very important mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-Spinner, If retired from business, that fact may be indire of the business or industry, and therefore an Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) so that the relative healthful-For persons "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencia-"Contributory." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maits. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 5 1914 BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 1.

V. 83

	1 PLACE OF DEATH 566	STATE OF MARYLAND
Co	unty Frederick	CERTIFICATE OF DEATH
00	4	Registration Dist. No. 131
-Vil	Deter City Frederick (No. 400)	6. Talvielp St.; 2 Ward) [If death occurred to a hospital or institution,
	FULL NAME Charles	E. Blain. give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE, Lengle	16 DATE OF DEATH
11	pale White (Widowed)	(Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
		Lew/34 1913, to Jan 1914
-	(Month) (Day (Year)	that I last saw ham alive on for
7 A	The East that	and that death occurred on the date stated above, at 1/2000 m.
	yrs 5 mos 251 ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	b p
	Trade, profession, or ricular kind of work	Janely Jayma
1111	General nature of industry,	
	iness, or establishment in	(Duration) yrs mos ds.
	RTHPLACE	Contributory Contributory
	(State or country) Marseland	Secondary
	10 NAME OF FATHER A PAGE	(Ouration) yrs mos ds.
10	Charles J. Blair.	(Signed) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER	Jack 1914 (Address)
ZEI	(State or country) Mangland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAI	OF MOTHER Armie E. Freed	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOANGELE
	13 BIRTHPLACE OF MOTHER (State or country): Manuelousel	Af place In the of death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted,
	(Interment) Chais Fr Blair	If not af place of death?————————————————————————————————————
	(Address 402 & Patrick St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Met. Olivet Cens. Jan 6, 1917
FI	The state of the s	20 UNDERTAKER ADDRESS
	If more blanks are needed add to the	Thomas J. Rice Frederick
	I more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age-CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pincumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreuctsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. naut neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a defiuite disease can be ascertained as the genitai," "Senile," etc.), theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cau-"Coutributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Aiways qualify aii diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



N. B.—Ever CAU

RECORD	PHYSICIANS should state of OCCUPATION to very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very cortant. See instructions on back of certificate.
WRITE PLAINLY, WITH UP	ry item of information should be carefully su USE OF DEATH in plain terms, so that it mi ortant. See instructions on back of certificate.

567 STATE OF MARYLAND

	CERTIFICATE OF DEATH
County Trederiel	CENTIFICATE OF DEATH
	Registration Dist. No. 177
Village or City (No	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED. WIDOWED. ORDIVORCED (Write the word)  DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at // m The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, pusiness, or establishment in	Quelin culos de la proposición del la proposición del proposición del la proposición del
BIRTHPLACE (State or country Horall Co Md.	(Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF  12 MAIDEN NAME OF  13 MAIDEN NAME OF  14 MAIDEN NAME OF  15 MAIDEN NAME OF  16 MAIDEN NAME OF  17 MAIDEN NAME OF  18 MAIDEN NAME OF  18 MAIDEN NAME OF  18 MAIDEN NAME OF  18 MAIDEN NAME OF  19 MAIDEN NAME OF  10 MAIDEN NAME OF  10 MAIDEN NAME OF  10 MAIDEN NAME OF  11 MAIDEN NAME OF  12 MAIDEN NAME OF  13 MAIDEN NAME OF  14 MAIDEN NAME OF  15 MAIDEN NAME OF  16 MAIDEN NAME OF  17 MAIDEN NAME OF  18 MAID	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS of INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Mero Milli Bablig  (Address) Human M. Janes  Filed Jan. 4, 1914, anna M. Janes	If not at place of death?  Former or  usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purpural septichacetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant ncoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 15 UNFADING INK-THIS of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF important. 2

Village or City Postlerielo (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, MARRIEO, WODOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw him alive on January 15th, 1914.
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 m.  The CAUSE OF DEATH* was as follows:  Cardiale (Valvular) Alenesis
6 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Outhernmatous.  (Duration) 4- yrs mos ds.
9 BIRTHPLACE (State or country) Md	Contributory (Secondary)  (Becondary)  (Buration) yrs mos 2/ ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) , 1914 (Address) Fraderick, M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Christina Grahe  13 BIRTHPLACE OF MOTHER (State or country)  Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Mrs. At Every Miller	Where was disease contracted, It not at place of death?  Former or usual residence
Filed 17 Jun. 1914 Dr. Classification of Registrary 6	19 PLACE OF BURIAL OR REMOVAL  Med Clark Com form 1914  20 UNDERTAKER  ADDRESS  E. Franklin St., Balto., Requesting V. 8. No. 1.

No. ò

...

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage. as "Purpresal scptichaemus," "Old Age," "Shock." "Traemia," "Weakness," ampie: Measles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1.

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Frederick

County....



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	10

Village or City State Sanatorium

...St.;.....Ward)

Ilf death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME Charles W. Cary,

PERSONAL AND STATISTICAL PARTICULARS			RS	MEDICAL CERTIFICAT	E OF DEATH	
	Male White Single, MARRIED, Single ORDIVORCED (Write the word)		16 DATE OF DEATH January (Month)	(Day (Year)		
September 13th, 1876				, 1876	Dec. 3rd, 1913, to July that I last saw h im alive on July	
7 AGE (Month) (Day (Year)  11 LESS than 1 day,hrs. ORmin.?				If LESS than 1 day,hrs.	and that desth occurred on the date st The CAUSE OF DEATH* was as follow	ated above, at 6:30 Pem.
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,			ker,	Pulmonary Tuberculo		
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Virginia,				Gontributory	2(?) yrs mos ds.	
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Ireland,				Jan• 1. ,1914 (Address) State the Disease Causing Death	
	12 MAIDEN NAME OF MOTHER MARY F. Taylor,  13 BIRTHPLACE OF MOTHER (State or country) Virginia.		*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPIT OF RECENT RESIDENTS)  At place In of death yrs mos28 ds. St	rals, Institutions, Transients,		
Vincen J. Hughes,  (Informant)  State Sanatorium, Md.  (Address)  16  Filed An 29, 1914. B. M. Merra  Registran  If more blanks are needed, address State Regist			EDGE	Where was disease contracted, If not at place of death? Probably at work- Former or usual residence Baltimore, Md.		
			•••••	19 PLACE OF BURIAL OR REMOVAL Baltimore, Md.	Unknown . 1914	
				M. L. Creager,	Thurmont, Md.	

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household ouly (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g.: Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Salesman, (b) As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asthenia," "Auaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Conaffectiou ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-Bronchopnoumonia (secondary), 10 ds. Never report ample: injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the genltal," thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always quality all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," ctc.), "Dropsy," (Recommendations ou statement of may be stated under the head of "PUERPERAL septiebae "Exhaustion." For vio

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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RECORD	PHYSICIANS should state of OCCUPATION Is very	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH 57	STATE OF MARYLAND CERTIFICATE OF DEATH
County Jud,	Registration Dist. No. 136
Village or City M Inbana	(No
PERSONAL AND STATISTICAL PARTIC	ULARS MEDICAL CERTIFICATE OF DEATH
A COLOR DE DECE   5 SINGLE.	Wildoned 16 DATE OF DEATH Jane 21, 1914 (Month) (Day) (Yesr)
8 DATE OF BIRTH (Month) (Day	1845. Jan 19. 191 to Jan 21 , 1914.
7 AGE  6 S yrs. 5 mos. 13 -  8 OCCUPATION (a) Trade, profession, or particular kind of work.	If LESS than 1 day,hrs.  ORmin.?  and that death occurred on the date stated above, at 6 day, m.  The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3, ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  7 11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF Many Jenk  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KN Informant James Clark  (Address)  15  Filed	(Signed)  (Signe
If more blanks are needed, addr	Tems State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or indush y, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowk oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

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FEB 6 1914
BURBAULV.S.

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should state OCCUPATION PHYSICIANS Jo statement PERMANENT EXACTLY Exact classified. be pinoda properly AG supplied. pe may certificate. carefully that It 80 of be back terms, pinous 50 AINLY plain Instructions Information 5 EATH See of a E OF Item Important. Every m

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144 fit death occurred in St: Ward) a hospital or institution, give its NAME Instead of street and oumber. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERSONAL AND 16 DATE OF DEATH S SINGLE. 3 SEX MARRIED, WIDOWED, (Month) (Day) (Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment lo (Duration) which employed (or employer) Contributor 9 BIRTHPLACE (Secondary (State or country) (Duration) \_\_\_\_\_yrs \_3 mos \_\_ 10 NAME OF FATHER necrown OF FATHER ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. ... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL OR REMOVAL (Address) 15 REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

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childbirth or miscarriage, as "Puerperal septicharture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For VIO-



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH. Registration Dist. No. [it death occurred in St :----Ward) a hospitai or institution. give its NAME instead of street and number. ] <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day) (Month (Year) ORDIVORCED Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) if LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day ..... hrs. as follows: OR ..... ? mos. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) (Addrass) 11 BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME of inc.
DEATH in pr. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. ..... ds. State ...... yrs, ...... mos. Where was disaase contracted. KNOWLEDGE it not at place of death? Former or usuai rasidence. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER MADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemla," "Weakness," "Hyart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:

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FEB 7 1914
BUREAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 573	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	nty control	Registration Dist. No. 140
Villa	ge or City Landston (No.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE  5 SINGLE, MARRHOT, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DAT	E OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last saw him allve on Jan 17th, 1914
TAGE		and that death occurred on the date stated above, at 6 Pm
8 0 0 0	The superior of the state of th	The CAUSE OF DEATH* was as follows:
(a) Ti	rade, protession, or	
(b) 6 busine	eneral nature of Industry, ess, or establishment in employed (or empioyer)	(Ouration) yrs. mos. ds
9 BIR	THPLACE state or country)	Gontributory Secondary (Duration) / yrs. mos. ds
6	ONAME OF FATHER avid Creps,	(Signed) M. D. O. D.
NTS	1 BIRTHPLACE OF FATHER	1917 (Address) / 1900000 ///
ARE	(State or country)  2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds. State yrs, mos ds
14 (TH	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
H	Horas I pargarel Geeps.	Former or
	(Address The odsbord Ing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	Jan 20, 191 4 The BEGISTERS	20 UNDERTAKER ADDRESS
1		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
/	X	Ind,

[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL. OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "PUERPERAL septichue-"Exhaustion," Never report



V. S. No. 1.

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Thurmont (No. 1	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
- FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX Male 4 COLOR OR RACE SINGLE, MARRIED, MIDDWED, WIDDWED, (Write the word)  16 DATE OF MARRIED, MARRIED, MARRIED, WIDDWED, WIDDWED, (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I sttended degeased from
6 DATE OF BIRTH Oct - 2101-1843	saw h was allye on alme fang 13, 1914
7 AGE    If LESS than that do that do the cause of the ca	seath occurred on the date stated above, at 6.15a, m, E OF DEATH* was as follows:
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 Z  W  12 MAIDEN NAME  (Second  (Sec	(Duration) yrs mos ds.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 DESCRIPTION OF MY KNOWLEDGE  18 LENGTI OF RECE OF MOTHER OF RECE OF MOTHER Where was d	Survival Date of Burial Survival Med San 17, 1914  Address  Inde & Callger Thurmonh

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing disease, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... such, If impossible to determine definitely. Examples: mia," "PUERPIBAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronio interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Never report For VIO-



CERTIFICATE OF DEATH Registration Dist. No OCCUPATION If death occurred in a hospital or institution. RECORD give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNJ 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. AN WIDOWED, (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at . 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: 5 OR .... min. ? proper BOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of industry, supplied be business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) 50 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER EATH in piair LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. ..... mos. .... ds. (State or country State ...... yrs, ..... mos. ..... ds Where was disease contracted. It not at place of death? P Former or OF usual residence. mportant. CAUSE ( DATE OF BURIAL 15 ADDRESS 8 REGISTRA z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. 8. No.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Tuerperal septichae cause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis." etc. etc., when a definite discase can be ascertained as the genital," "Seniie." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of \_ The contributory "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples: For vio-



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PLACE OF DEATH 576	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Tuesty	Registration Dist. No. 187
Village or City Burkelldulle (No	St.; Ward)  [It death occurred a hospital or institute give its NAME losten of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Palerk Single, Married, Wishowed, Orbivorces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw half alive on 1914.
7 AGE   If LESS than 1 day, & hrs.   OR   mio. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work	Ouration) yrs mos ds
10 NAME OF FATHER Couch Kluses	(Secondary)  (Doration) yrs mas ds  (Signed) ALO W. Hardy M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Care Porsey  13 BIRTHPLACE OF MOTHER (State or country)  Mary lace	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
Informant, Mary & Dardey	Where was disease contracted, it oot at place of death?  Former or usual residence
(Address) Buskebaulte hus  Filed On 22, 1914 A. Hissan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OF COMPANY OF THE STATE OF BURIAL  20 UNDERTAKER  MANY DATE OF BURIAL  ADDRESS  MANY DATE OF BURIAL  OF BURI
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Out

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. causing deate, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs of lungs

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaccause. 'Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for or as probably "Exhaustion," Never report Examples: For VIO-



BINDING FOR MARGIN RESERVED

No.

V. 8.

N. B.

Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WITH UNFADING INK-THIS IS PLAINLY, WRITE

1 PLACE OF DEATH	CTATE OF MADVI AND
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Frederick	1.5-1
h 9 ,	Registered No.
Village or City free (No. 1) 2 FULL NAME Jane Elyapeth	St; Ward)  St; Ward)  Figure Somell  [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, ORDIVORCED LICEON	16 DATE OF DEATH Jan 30, 1914 (Month) (Day) (Year)
Conale Colour (Write the word)	17 I HEREEX CERTIFY, That I attended deceased from
1856.	Jan 3 1914 to Jan 30, 1914
(Month) (Day) (Year)	that I last saw h. LY alive on Qau 30,1914
7 AGE . It LESS than	and that death occurred on the date stated above, at
5 9 yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or form particular kind of work	La Bripse Had
(b) General nature ot industry, business, or establishment in	(Ouration) × yrs. × mos. × ds.
which employed (or employsr)	Contributor da Suppe
State or country) Panknown	(Secondary) (Duration) X yrs X mos 27ds.
10 NAME OF FATHER UNKNIOUN	(Signed) Henry J. Jahrey , M. D.
OF FATHER (State or country) Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
02 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER UNKnown	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(intermant) Mrs L. Victor Baughman	Former or usual residence
(Address) Ferderick elld	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1/21 1 7114	20 UNDERTAKER ADDRESS ADDRESS
Filed 1914 REGISTRAR	my Etchisan Fuderickom

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (4)

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such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichueetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Mcasles; Whooping cough; Chronio ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for For vio-



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#### PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classifled. D properly pe UNFADING Iddns may certificate. carefully = that 80 ō back terms, should piain Instructions Information = DEATH See 0 OF Item Every Item CAUSE OF Important.

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Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ...Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED TASKEY ORDIVORCED (Write the word) (Year (Month) (Day HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 836 (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of industry, business, or establishment in which employed (or employer) ..... Secondary Secondary 9 BIRTHPLACE (State or country) (Duretion 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. ds. State ..... yrs. \_\_ Where wes disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKER A-D,DRESS

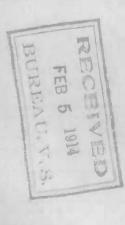
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foremau,"

lesis of lungs, pneumonia"); Lobar brospiual meningitis"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonacum, etc., unqualified. Is indefinite): Tubercufever (never report "Typhoid pncumonia; Bronchopneumonia Diphtheria (aroid

> mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehacnant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for mally-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (secondary or intercurrent) State cause for "Exhaustlon, For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

God	PLACE OF DEATH 579 31	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 134
Vili	2 FULL NAME Mettie a. Ey	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DA	TE OF BIRTH  Oct. 4, 1883  (Month) (Day (Year)	that I last saw h. A. alive on Alexa 10 1914.
7 AG		and that death occurred on the date stated above, at
(a) par (b)	Trade, protession, or ficular kind of work.  General nature of industry,	Juhrailas Minngilis
Whic	ness, or establishment in the employed (or employer)  RTHPLACE (State or country)  Fred'k Co. Maryland	Contributory Secondary
PARENTS	10 NAME OF FATHER John V. Harbaugh, OF FATHER (State or country) Maryland  12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country)  Pennsylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds
4 т (	Informant) Lava V. Danbaugh	Where was disease contracted, If not at place of death?
15 File	1 Cal RESTRAR	20 UNDERTAKER  M. F. Shuff, Emmitsburg 20 C. F. Shuff, Emmitsburg 20 C. Em
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

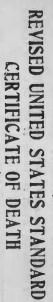
cated thus: Farmer (retired 6 yrs.) "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



PLACE OF DEATH 580	STATE OF MARYLAND CERTIFICATE OF DEATH
County FIRE RESUCE	13.,
6 .11	Registration Dist, No.
Village or City Own Strang 19	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw h allve on Jan 1914
7 AGE  11 LESS than 1 day, hrs. 0 mos 2 4 ds. or min.?	and that death occurred on the wate stated above, st
* OCCUPATION (a) Trade, profession, or particular kind of work  Therchant	Interstitus Maphrita
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. s.
SBIRTHPLACE (State or country) Frederick loo MA	Secondary (Ouration) Syrs mos ds.
10 NAME OF Savil Frisher  11 BIRTHPLACE	(Signed) (Address) Ambridge M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER 7.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Mothers Md	USUAl residence
Filed Jan 6, 1914 M. F. Shuff	When will ma for 7, 1914  20 UNDERTAKER STATES
	trar, o E. Franklin St., Barto, producing V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None, of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, state occupation at beginning of ill-If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitiul nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. B. No. 1.

II

1 PLACE OF DEATH 581	
PLACE OF DEATH	STATE OF MARYLAND
County Treelevels	CERTIFICATE OF DEATH
· ·	Registration Dist. No. 140
Village or City Toundsburn (No	St.; Ward)  [If death occurred I a hispital or Institution give its NAME instead of street and number.]
FULL NAME SHIMME	M of the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17. I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH  OP 22  (Month) (Day) (Year)	that I last saw hat allve on San 14 2 1915
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry,	Joranche Inlumoma
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER	(Signed) (Buration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) Sect Spread	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
of MOTHER Prese Front	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) The State Of Country)	At place of death yrs mos ds. State yrs mns ds. Where was disease contracted.
Intermed A South State To THE BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) If valsborn high	19 RLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registra	r. G. E. Franklin St. Ralto Roynesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples: For vio-



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No.

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YSICIANS should OCCUPATION IS Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Thederick Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME instead elia Mo. Foland of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED Married WIDOWED. ORDIVORCED (Write the word) (Month) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ......min. ? 8 OCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment in X yrs. & mos X which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) of Mother (State or country) At place of death ..... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death? Former or usual residence. mportant. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Seuile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Convulsions," "Debility" ("Con-(secondary or intercurrent) State cause for Never report



#### SICIANS should PHYSICIANS RECORD PERMANENT EXACTLY. 4 classified prope Z supplie UNFADING terms, pino ATH in plain instructions EATH WRITE 0 FO Every It

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Important.

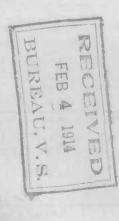
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 140 [If death occurred in St.: Ward) a hospital or institution. give its NAME Instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 18 DATE OF DEATH 4 COLDROR RAGE MARRIED WIDOWED. (Year) (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry business, or establishment (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Duration) (Signed) PARENTS RIRTHPLACE 191 A. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State ..... yrs, \_\_\_\_ ds \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ \_ ds. Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLAGE OF BURIAL DR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the bisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," (4)

lesis of lungs, pneumonia"); Lobar pucumonia; Bronchopncumonia causing death (the primary affection with respect to ("Pneumonia," brospinal meningitis"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted fever (the only definite syuouym is Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., fever (never report "Typhoid Diphtheria "Epidemic cere-(avoid use

> mia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cun ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For vio-



RECORD	PHYSICIANS of OCCUPATI
INK-THIS IS A PERMANENT	ed. AGE should be stated EXACTLY. be properly classified. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI Important. See instructions on back of certificate.

should

OCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No fif death occurred in a hospital or Institution, give Its NAME instead of street and number. ] MEDICAL CERTAICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. ORJ. min. ? SOCCUPATION (a) Trade, profession, or particular kind of work... (h) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE FNI OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs, ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death?. Former or DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers statement. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Puerperal peritonitis," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Candeath), 29 "Exhaustion," Never report Examples:



BINDING FOR RESERVED MARGIN

> No. où

PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD properly classified. Exact statement AGE should be stated EXACTLY. 4 -THIS INK N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be UNFADING certificate. See instructions on back of PLAINLY, WITH WRITE important.

Village or City Menderic Juse 2FULL NAME Maelie Juse	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Fernal Hit (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	Dre 27, 1915, to Jain 5, 1914, that I last saw ha alive on Jain 4, 1914
7 AGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Dheated Tour Propes Disease.  Oprove repholes 3/3/415 Disease.  (Duration) / yrs mos ds.
9 SIRTHPLACE (State or country) Manyland	(Secondary)  (Doration)  (Doration)  (Doration)  (Doration)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)

(Doration)	yrs X mos 10 ds.
(Signed) 6 F June de	
*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	in deaths from VIOLENT d (2) whether Acciden-
At place of death where was disease contracted, if not at place of death?  Former or  usual residence.	ou her life
19 PLAGE OF SURIAL OR REMOVAL	
- Thurmens ind,	GATE OF BURIAL
39 UNDERTAKER	ADDRESS Inch
S E Franklin St Balto Populating W S No.	

15

13 SIRTHPLACE OF MOTHER (State or country)

if more blanks are needed, address State Regis trar,

REGISTRAR

Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubcrcutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Turrperal schtichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: fure of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



BINDING ESERVED Œ MARGIN

state pinous OCCUPATION PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS ENT statement EXACTLY. 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED ERMAN WIDOWED, White the word tated 8 DATE OF BIRTH Exa classified. 4 (Month) (Day) pe 7 AGE If LESS than should 1 day .....hrs. THIS OR ..... 7 properly 8 OCCUPATION AGI (a) Frade, profession, or particular kind of work. Z (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) ..... certificate. Contributory BIRTHPLACE (Secondary) (State or country) that It 10 NAME OF FATHER (Signed) 80 of BATHPLACE OF FATHER back (Address) terms, ARENT pinoda (State or count 0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MATHER instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE DEATH IN At place OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE See If oot at place of death?. of Former or (Interment) (s item OF usual residence. important. Every it. PLACE OF BURIAL OR REMOVAL (Address ) ...... 15 20 UNDERTAKER an 20 REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

588

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St: Ward)

fif death occurred in a hospital or institution, give its NAME lostead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, lo the State ..... yrs, \_\_\_\_ mos. .... ds. DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal term for the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc.. Carcin-



such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 5 1914 BUREAU. V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

v. S. No. 1.

1 PLACE OF DEATH

PLACE OF DEATH 587	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH Registration Dist. No. 13
Village or City Middle Toron (No	St.; Ward)  [If death of a hospifal or give its NAM of street and of str
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Malo White (Write the word)	16 DATE OF DEATH (Month) (Day) (Month) (Day) (Day)
8 DATE OF BIRTH  Afril  (Month)  (Day)  (Year)	17 I HEREBY GERTIFY, That I attended decease  January 10  that I last saw h in alive on Dan 16 CM
7 AGE  (Month)  (Day)  (Tear)  1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos  Contributory Ortion Solinous
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF GATHER	(Secondary)  (Duratipo)  (Signed)  (Signed)
of FATHER (State or country) Maryleica (2)	*State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) Whether AC
of MOTHER Catherine Reinsling.  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAF OR RECENT RESIDENTS) At place In the
(Informant). Middletown, Md	of death yrs. mos. ds. State yrs, mos.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF ST
Filed June 1 8Th 1914 To Che Kausas REGISTRAR	20 UNDERTAKER ADDRESS

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer--('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumomia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpural scottchaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock." 'Traemia," "Weakness," mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds .: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. Never report affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma: Sarcoma. etc., of The contributory "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



PHYSICIANS should of OCCUPATION IS NEar RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, BINDING ORDIVERCED (Write the word) Exact 6 DATE OF BIRTH stated 31 properly classified. (Day) 4 (Month) TAGE IS pinous FOR THIS BOCCUPATION AGE (a) Frade, profession, or INK ESERVED particular kied of work (b) General nature of Industry, supplied, pe business, or establishment in UNFADING may which employed (or employer) ----carefully sur that it ma f certificate. 9 SIRTHPLACE (State or country) Œ 10 NAME OF FATHER 80 ō MARGIN WITH ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) pinous 0 12 MAIDEN NAME PLAINLY plain OF MOTHER Instructions 0 Information 13 BIRTHPLACE OF MOTHER (State or country) 2 of Inform WRITE CAUSE OF Important. S 15 No. 80

1 PLACE OF DEATH

Very

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#### STATE OF MARYLAND

ERTIFICATE	OF	DEATH
		11115

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution.

NAME Altow Theod	lars Srimes give its NAME instead of street and number.]
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  Single, MARRIED, WIDOWED, ORDINARCED (Write the word)	16 DATE OF DEATH  Jan. 22 - , 1914  (Month) (Day) (Year)
Oct, 31 1904	17 I HEREBY GERTIFY, That I attended deceased from Jan 5, 1914, to Jan 22, 1914,
(Month) (Day) (Year)	that I last saw h. saun. alive on Jan 20 ,1914
9 yrs. 2 mos. 2 ds. ormin.?	and that death occurred on the date stated above, at 5-10. As m,  The CAUSE OF DEATH * was as follows:  Injury to heard to falk from
or some	an Cackidental full-
industry, hment lu nployer)	(Duration) yrs mos // ds.
Fired Co.	Contributory (assertings 4 5 host 4 (Secondary) Colleged 7 yrs mos ds.
Scatt Grimes	(Signed) lo A Stully, M. D. Jan, 22, 1914 (Address) 20 ordsbury Mod
untry) Fred. Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
ME Minis R. Frock	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Entry Carroll Co. Hid.	At place of death yrs. mos. ds. State yrs, mos. ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Tolling Und	usual residence
Lorgor Gld.	Oak Hill Jan. 24 1914
4.1914 TI Conformal REGISTRAR	Sharetts & Pawell Stoodsbow Mo
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the dibrabe causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

valvular heart disease; Ohronic interstitial nephritin cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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1 PLAGE OF DEATH, 589  County Frederick (No. 1)  Village or City Jeffer (No. 1)  2 FULL NAME Walter Heffer	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 43  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Phile (Write the word)	(Month) (Day) (Year)
april 25 (Month) (Day) , 1919.	17 I HEREBY CERTIFY, That I attended deceased from  Jan 1, 1914, to Jan 6, 1914,  that I last saw h and alive on Jan 6, 1914,
F AGE  S If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mayland	Contributory Inflamatin & Bruck (Secondary)  Draw George (Duration)  (Duration)  yrs. mos. 3 3  ds.
10 NAME OF FATHER Les Cer. G. Grann  11 BIRTHPLACE OF FATHER (State or country) May land  12 MAIDEN NAME OF MOTHER Chr. & Allower	(Signed) , M. O.  Address) , M. O.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of dealh yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of dealh?
(Informant) John H. Heffers 2 (Address) Jeffers A. S. Filed Jan 2, 191. 4 H. R. Etchiron Registran	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons The (2)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senife," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:



#### SICIANS should OCCUPATION IS RECORD PERMANENT INK UNFADING 000 back Instructions plai = DEATH WRITE OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilt death occurred in St .:--Village or City. .Ward) a hospital or institution. give its NAME instead of street and number. 1 rassnie hle PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. mindle (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. Makle (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. ..... State ..... yrs ..... mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO EST OF MY KNOWLEDGE it not at place of death? Former or (Intormant) usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in Industrial employments, it is necwho have no occupation whatever, write been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons Laborer-Coal As examples: "Foreman," None.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Mcusics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetunus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-



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Village or City Smithburg (No. M.A.  2FULL NAME Lames Mich	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 54  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male This of the word	16 DATE OF DEATH (Month) (Day (Year)  17 I HENEBY CERTIFY, That I attended deceased from
TAGE  TAGE	that last saw h hand alive on Joseph 1914.
yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work	Laguris reesme et
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	
10 NAME OF FATHER SANE HANGING  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) (Buration) yrs mos ds,  (Signed) (Address) (Address) (M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injuny; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) Perusarla and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Intermant) Elice to the BEST OF MY KNOWLEDGE  (Intermant) Elice Surgery (Address) Assertion (Address)	Where was disease contracted, if not at place of death?  Former or  usual residence
Filed Jamy 17,191 4 11 F Sheet	20 UNDERTAKER Holder & St. ADDRESS
If more blanks are needed, address state Registr	rer, 6 E. Franklin St., Barto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or Industry, and therefore an applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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PLACE OF DEATH  592  County Stellar & Manual County St	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [if death occurred in a hospital or institution, give its NAME lostead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE.  MARRIEO.  WIDOMEO.  ORDINAREO (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Pay) (Year)	that I last saw h last alive on Jun 1914
7 AGE  3 2 YES. / Mos. / J ds. ORmin.?	and that death occurred on the date stated above, at
*OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **BIRTHPLACE** (State or country)	for Preumona us  (Duration) yrs mos ds.  (Contributory Memin (Secondary) 2022
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  10 NAME OF Samuel N. Semble NAME OF State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 Coverse	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL.  *BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Jans 13, 1914 M. Fre Sheef	mt. St. Mary Md. Jans 18, 191 &  20 UNDERTAKER  M. L. Creager Thurmont Ma
If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

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SICIANS should occupation is PHYSICIANS RECORD PERMANENT THIS AG Z o ADIN CNF that WITH of information DEATH in pl OF Every item CAUSE OF important. m

STATE OF MARYLAND LACE OF DEATH 593 CERTIFICATE OF DEATH bre denich Registration Dist. No. It death occurred in St.:...Ward) a hospital or institution, give its NAME instead made Child of Phes h of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at..... 1 day, O. hrs. The CAUSE OF DEATH \* was as follows: O ds. OR .min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory ..... (Secondary) (State or country) 10 NAME OF FATHER Jun 23, 1914 (Address) Sund dellan 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. As examples cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman. (b) Cotton mill; (a) Salesman, For persons (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never repor ample: Mecsles (disease causing er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



state PHYSICIANS should of OCCUPATION IS PERMANENT properl UNFADING suppl DEATH WRITE 50 OF ш CAUSE 100

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No... If death occurred in ....Ward) a hospital or institution. give its NAME instead of streef and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH & MARRIED. WIDOWED (Write the word) (Month) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 0 back 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, (State or country) 0 12 MAIDEN NAME ITH in plain instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_ Where was disease contracted. If not at place of death?... Former or usual residence. mportant. 15 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciapplies to each aud every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. natcrial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tubercu-besis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabili LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of Never report For VIO-



BINDING FOR RESERVED MARGIN

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item CAUSE OF V. S. No. 1.

	Live
PLACE OF DEATH	STATE OF MARYLAND
Andwich la mad	CERTIFICATE OF DEATH
County Vy Walnut W	Registered No.
Mens Trudence	
Village or City Medical C. (No	St.; Ward) [It death occurred in a hospital or institution,
2100	give its NAME instead of street and number.]
FULL NAME Sulle ma	www.vynaman
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Javis, B 1914
WIDOWED,	(Month) (Day) (Year)
Odnie of Birth White (Write the word) from	17 MI HEREBY CERTUPY, That I sttended deceased from
Share 2.5 180V	191 6 1914,
(Month) (Day) (Year)	that I last saw had alive on Mily 5 , 1914
7 AGE It LESS than	and that death occurred on the date stated above, at 30 A.m.
68 yrs. 6 mos. 13 ds. OR min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Change relevabled Ald st
(a) Trade, profession, or particular kind of work	o the second of
(b) General nature of industry, business, or establishment in	40
which employed (or employer)	(Duration) yry mos. ds.
9 BIRTHPLACE (State or country) 7 46	(Secondary)
with cast Ma	Quration yrs mos 3 ds.
10 NAME OF MM 191 Rules	(Signed) Mullider M. D.
O 11 BIRTHPLACE	Jany & 151 & (Address) Frederich Hu
State or country) To The Santon Color  2 (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CADSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Man V Conara	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Ruse of from Day as - 500	It not at place of death?
(Informant)	usual residence
(Address) Orederick / My	Dente of Bornat
16 1/0 my VIngeringer	20 UNDERTAKER ADDRESS ADDRESS
Filed , 191 4 REGISTRAR	In L. Chtiese Friday h.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nistast Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISKARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver scound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914
BUREAU, V.S.

02

PERMANENT UNFADING

RECORD

STATE OF MARYLAND Very CERTIFICATE OF DEATH County. SICIANS should Registration Dist. No. It death occurred in PHYSICIANS St.:....Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date atated shove, a 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properly navasmur 8 OCCUPATION AG (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .. DEATH Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (informant) usoal residence Every Item CAUSE OF Important. DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. . The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Mcdical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



BINDING

FOR

RESERVED

MARGIN

County Freducas	CERTIFICATE OF DEATH
County Theorem	Registered No. 14-1
12	
Village or City Dunsweck (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Mub Namey 9	n Kellar of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH June 0 1014
WIDOWEO, WIE P.	(Month) (Txy) (Year)
Demale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	1913, to Cural 1914,
(Month) (Day) (Year)	that I last saw h & alive on face 6 , 1913
7 Age: SV if LESS than	and that death occurred on the date stated above, at
5 (3 7 1 day,hrs.	The CAUSE OF DEATH* was de follows:
yrsmosds.   ORmin. ?	Caralyese "
(a) Trade anglession of Alexanders	
particular knd of work	
(b) General nature of industry, business, or, establishment in	(Ouration) Tyrs. 7 mos. 2 ds.
which employed (or employer)	Contributory Experience
(State or country)	(Secondary)
	(Daration) yrs mos d.ds.
FATHER JUM Pummer	(Signed) , M. D.
M 11 SIRTHPLACE	1/2 9, 191 4 (Address) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER  OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Muse Charles	Former or usual residence
Dringwich md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) d Market	middletour va Jan 12 19124
July Xum Max	20 UNDERTAKER ADDRESS
Filed 1914 REGISTRAR	My part & Du Brenostores
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

507

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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CERTIFICATE OF DEATH D . SICIANS shoul Registration Dist. No. ch (No 263 W. Datrick St. 2 Ward) Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] divards PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statemen PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, Married WIDOWED, (Month) (Day (Write the word) ZIONIS I HEREBY CERTIFY. That I attended deceased from OF BIRTH 1844 (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 210 10 m. cia 1 day,....hrs. OR ..... min. ? properi 6 OCCUPATION (a) Trada, profession, or INK particular kind of work (b) General nature of industry. UNFADING business, or establishment in (Duration) which employed (or employer) . Cetered & 9 BIRTHPLACE (State or country) certifica 10 NAME OF FATHER (Signed) 0 back ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING (SEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. tions OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) ATH in 13 BIRTHPLACE At place OF MOTHER (State or country) in tha ..... yrs. ..... mos. ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ Where was disease contracted. If not at placa of death? of Q Former or OF usual residence. mportant. Ш Jalric DATE OF BURIAL Every 1.5 No. 20 UNDERTAKER ADDRESS 8 CRECISTRAM If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichaeetc., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



Gounty Frederich 599	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 140
Village or City Hoodsbow (No. )  2 FULL NAME Sarrah	St; Ward)  [If death occurred in a bospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamail White (Write the word) married	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on Jan 2/21 , 1914
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) Generel nature of industry, business, or establishment in which employed (or employer)	(Duration) dansdelements is  Contributory 101 Danson is  (Secondary)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  W 11 BIRTHPLACE (State or country)  Z (State or country)  7 Monich Lou	(Signed) (Boration) yrs. mos. ds (Signed) , M. D  *State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER PROCESSED IN ALLER OF MOTHER PROCESSED IN ALLER OF MOTHER (Street or country) Frederical Co	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death
(INTOTALANI)	Where was disease contracted, If not at piace of death?  Former or usual residence
(Address) Lovas Tori Ind.  16 Filed Jan 29, 1914, E. Barrell REGISTRAR	Int. 10 of Cemerty Jan 29, 181 & address  Patman & Barton Halkerwin

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaicr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



No.

02

1 PLACE OF DEATH 600	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH Registration Dist, No. 3
FULL NAME Daviel &.	Y. Tatrech St.; / Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White, (Write the word)	16 DATE OF DEATH 8, 1914 (Month) (Day (Year)
Date of Birth  Oct 20 1842	that I last saw has allye on the last saw has all the l
7 AGE (Month) (Day (Year)  1 LESS than 1 day,	and that death occurred on the date stated above, at 12,45 Pm The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employer)  BIRTHPLACE  (State or country)	(Ouration) yrs. 6 mos d
10 NAME OF FATHER Cancel Hoogletofle  11 BIRTHPLACE OF FATHER (State or eountry) Maryland  12 MAIDEN NAME	(Signed)
of MOTHER Anna Flook,  13 BIRTHPLACE OF MOTHER (State or country) Moanyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) Mors Oda Moogle	If not at place of death?  Former or usual residence.
(Address 428, IV, Patrick St.	Moiddle town And Jan 10, 1814

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) schsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for "Exhaustion," Never report



PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every liem of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be

DEATH in plain terms, so that it may be See instructions on back of certificate.

Important.

9 ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

1 PLACE OF DEATH

County Frederick,

Village or CityState Sanatorium.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.St.;.....Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

#### FULL NAME Albert H. Leach.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 5	4 COLOR OR RACE SINGLE, MARRIED, White Subvocced (Write the word)	(Month) (Day (1ear)		
6 D	September 3rd, /8	Dec. 31st, 3 January 13th, 4  January 13th, 191  January 13th, 14		
7 A		snd that desth occurred on the date stated above, at 4:25 P. m. The CAUSE OF DEATH* was as follows:		
(a pa (b)	CCUPATION Trade, profession, or Elevator Operator Cliquiar kind of work	Pulmonary Tuberculosis-		
wh	iness, or establishment in Office building- ch employed (or employer)  RTHPLACE (State or country)  Maryland	Contributory Secondary (Duration) (?) yrs mos ds.		
NTS	10 NAME OF FATHER John C. Leach,  11 BIRTHPLACE OF FATHER Ireland,	(Signed) (Signed) (Address) State Sanatorium, Md.		
PAREI	(State or country)  12 MAIDEN NAME OF MOTHER Wadle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country) Maryland.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Vincen J. Hughes, State Sanatorium, Md.		At place - 14 In the of death yrs. mos. ds State yrs. mos. ds Where was disease contracted, Probably at Work.		
		Former or usual residence. Baltimore, Md.		
15	(Address)	Baltimore, Md. Date of Burial Unknown., 1916		
FI	REGISTR  If more blanks are needed address State	Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulcuted thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiulte salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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certificate.

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Instructions

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mportant.

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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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1 PLACE OF DEATH 603 Siding	STATE OF MARYLAND
711	CERTIFICATE OF DEATH
County / County	Registered No. /35
Village or City Wolfswille (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE    Month   (Day) (Year)	that I last saw here ally on Janu 1914, to J
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. bds.  Contributory (Secondary)  (Doration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Suy M. D.  // 2, 1914 (Address) Moderation or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Not Ilusur	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Ills Louigner  (Address) Holpwille	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Flied Jan 12 , 1914 John W. Horrer REGISTRAR	20 UNDERTAKER ADDRESS STREY Staburg Ad
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. North

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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7. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Freduck	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57
Village or City Sumantown (No),	St.; — Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw han allve on Jan 26, 1914,
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, er particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Doration) yrs to mos of ds.  Contributory Perfectors Failure (Secondary) yrs mos ds.
10 NAME OF FATHER CLYCANDY MANAGE OF FATHER CLYCANDY MANAGE (State or country) Manyland.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Thanking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Aniddlown  15 Filed Jan 37, 1914 M. J. Winner	20 UNDERTAKER ADDRESS,
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neophasms); Meastes; Whooping cough; Chrowic ter" is less definite; avoid use of "Tumer" for malig "Contributory." Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



PERMANENT RECORD

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

ery ery	PLACE OF DEATH 605	STATE OF MARYLAND
d st	County (Frederick)	CERTIFICATE OF DEATH
should si NOI		Registration Dist. No
	Village or City Bukittsville (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
PHYSICIANS of OCCUPAT	2 FULL NAME Saphia Maga	ha of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY t stateme	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED	16 DATE OF DEATH LEW 15, 1914  (Month) (Day (Year)
U	Olmale While (Write the word)	17 / I HEREBY CERTIFY, That I attended deceased from
stated. Exa	6 DATE OF BIRTH	Slep1, 1914, to fuc 15, 1914.
ed.	(Month) (Day (Year)	that I last saw how allve on free 15 1914
d bi	<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 3 m,
thou cla	97 yrs	The CAUSE OF DEATH* was as follows:
AGE (	6 OCCUPATION	Valvular Heart Street
Prope	(a) Trade, profession, or particular kind of work	
led.	(b) General nature of industry, business, or establishment in	A
supplied may be	which employed (or employer)	(Duration) yrs. 6 mos. ds.
5 + E	State or country) Soud, lov. Va.	Secondary (Baratian)
so that	10 NAME OF Philip booker	(Signed) Seols, Yorke, M.D.
ms.	11 BIRTHPLACE OF FATHER	Jun 16, 191 (Address) Burfalleville Md
shou in ter	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Sel by a Me Place Accessory	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ation pla ction	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
orm H I	OF MOTHER (State or country) And lo, (a.	At place In the of death yrs mos ds. State yrs mos ds
of Infor	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
F DE	(Interment) Leage Inagaha	Former or
Every Item CAUSE OF Important. S	(Address). Burkettsville Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CAU	Filed (7.1914 M.) Hains	20 UNDERTAKER ADDRESS
N N	REGISTRAR	L. R. Roeller Buskittsville
	If more blanks are needed, address State Regist	rar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," occupation at beginning of ill-Salesman, The question "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," eause for For vio-



RECORD	HYSICIANS should a
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WITH UNFADING	tould be oarefully supplied terms, so that it may be no back of certificate.
WRITE PLAINLY	Every Item of Information should be oarefully sup CAUSE OF DEATH in pialn terms, so that it ma Important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No Ilf death occurred in .Ward) a hospital or institution. give its NAME lostead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED. (Month) (Day) ORDIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address' 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death. ... yrs. ..... mos. ... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERT ADDRESS Filed / O REGISTRAF If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in .Ward) a hospital or institution. give its NAME instead ot street and number. 1 MEDICAL CERMFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Merried (Month) (Day) ORDIVORCED (Write the word) CERTIFY. That I attended deceased from (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day ......hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, pretession, or particular kind of work. (b) Ceneral nature of industry, business, or establishment in which employed (or employer) ..... Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address). 11 BIRTHPLACE ENT OF FATHER \*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER (State or country of death ...... yrs. ...... mos. ...... ds. State ...... yrs, ..... mos. Where was disease contracted. TRUE TO THE BEST OF MY It not at place et death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

A thomas a

[Approved by U. S. Census and American Public Health Association.]

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Hocelench Registration Dist. No. Q4 If death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, Widowed (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH 1840 (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 500 10 m. 1 day ......hrs. C The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in (Duration) \ yrs \ mos \ ds. which employed (or employer) .... BIRTHPLACE Contributory (State or country) angi 10 NAME OF FATHER 10 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instructi 13 BIRTHPLACE \_ Af place OF MOTHER (State or country) State . 73 yrs 5 mos 23 ds DEATH Where was disease contracted, If not at place of death? OF usual residence. mportant. ш DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS 0 REGISTMAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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See Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ano 207 E. Third Ilf death occurred in a hospital or institution, give Its NAME Instead Mr. Moorelock. of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 18 DATE OF DEATH MARRIED, Wichause (Month) ORDIVORGED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1835 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above at 3.06 10 m. 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or January Returned 25 yr (b) General nature of Industry, business, or establishment in Quekster Retired o'sen which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary pareland 10 NAME OF FATHER (Signed) 0 11 BIRTHPLAC 27, 1914 (Address) Tridling

ARENTS (State of country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or country 16 REGISTRAR

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_

Where was disease contracted. If not at place of death?..

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL St Benjamins Com rear Westminster Med

DATE OF BURIAL ADDRESS

20 UNDERTAKER

rederich

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae-"Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ar B. O. Masseas



No. eć

#### RECORD PERMANENT stated 4 should INK-THIS UNFADING WITH PLAINLY. WRITE

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is very PARTICULARS PERSONAL AND STATISTICAL statement EXACTLY. S ZINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Write the word 6 DATE OF BIRTH 12 classified. (Day) (Month) (Year) pe 7 AGE If LESS than 1 day hrs. OR ..... 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work. supplied. (b) General nature of industry. pe business, or establishment in may which emplayed (or employer) ..... that It m <sup>9</sup> BIRTHPLACE (State or country) arefully 10 NAME OF FATHER 10 back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) pinoda 0 AR 12 MAIDEN NAME of Information si DEATH in plain See instructions of in plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) If not at place of death? Former or Item E OF usual residence Every item CAUSE OF Important. 19 PLACE OF BURIAL (Address) ... 16 20 UNDERTAKER 8 REGISTRAR ż

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 136

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number. 1

MEDICA	L CERTIFIC	ATE OF	DEATH	
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BLENGTH OF RESIDEN	CE (FOR HOS	DITALS IN	STITUTIONS	TRANSLENE
OR RECENT HESIDENTS			STITUTIONS,	IRANBIENT
At place		in the		
of death yrs mos			yrs,	

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in mauy Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar Incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia childbirth or miscarriage, as "Purpresal septichacture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:



F. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	ounty	ty Canal	611	4/15-10	STATE OF M CERTIFICATE Regist St; Wa	OF DEATH sered No 33
	PERSO	NAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
Je Je	male	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the wor	idowid.	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY. The	(Day), (Year)
7 A	ATE OF BIRT	(Month)	(Day)	(Year)  It LESS than 1 day,hrs. ORmin.?	that I last saw h la alive on and that death occurred on the date state.  The CAUSE OF DEATH * was as follows	11 /4 ,1914 ed above, st 8-3 cam,
(a) pa (h) bus whi	OCUPATION Trade, profession rticular kind of w General nature e iness, or establich employed (or IRTHPLACE tate or countr	ork	CUT -		Contributory (Secondary)	•••••••••••••••••••••••••••••••••••••••
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141	13 BIRTHPL OF MOTH (State or c	ACE (SER OUNTY) Close	r of My Know	ou- LEDGE VL	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place le the	S. INSTITUTIONS, TRANSIENTS,
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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not pald Housekccpcrs fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill, (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. statement. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, perilonaeum, etc.. Carcin-

mia," "Tuerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Puraperal septicharetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia: "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsby carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Tradeuch. Registration Dist. No. 141 St :----Ward) give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE S SINGLE. MARRIED, WIDOWED, (Month) (Day) Write the word) HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH 914 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day, ....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory .... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE , 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. 14THE ABOVE IS TRUE If not at place of death?. Former or usual residence REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

[If death occurred in

a hospital or institution.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of \_ ture of the American Medicai Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Fred Rick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 147		
Village or City Plane 7104 (No. )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, Widowa Widower, Widower	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 13 cl., 1914, to Jan 17 h, 1914, that I last saw h, let, alive on Jan 17 h, 1914.		
7 AGE  S 7 yrs. 5 mos. 19 ds. OR min.?	and that death occurred on the date stated above, at		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributo y  Contributo y  Colliquation  Co		
OF STATHER COLON Wesley Baker.  11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME OF MOTHER C. O. M. A. C. A. A. A. C. A. A. C. A. C. A. C. A. A. C.	(Signed)		
of MOTHER Elizabeth Richetts  13 BIRTHPLACE OF MOTHER (State or country) Maryland.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) MAS LOSLAMMA KINSSEY	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence		
(Address) Mt airy, Md 9. A.D.#/  Filed an 19, 1914 P. Clay REGISTRAR  Olf more blanks are needed, address State Regis trar, 6	19 place of Burial or REMOVAL Rockville Com. The Jan 20, 1914 20 undertaker BUT Somman Within Ma		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DIBRABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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	RIT	of DE See
	3	. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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ARENT

15

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or country)

state Very

PHYSICIANS should of OCCUPATION IS

RECORD

County	LACE OF DEATH Frederick,  City State Sana		2	CE	STATE OF MARY RTIFICATE OF Registration DistSt.;Ward)	DEATH
PER	RSONAL AND STATISTIC	CAL PARTICULA	RS	MEDIC	AL GERTIFICATE OF	DEATH
3 SEX Male	White White Single, Widowed, Orbivbreed (Write the word)			16 DATE OF DEATH	January (Month) EBY CERTIFY, That I at	(Day) (Year)
6 DATE OF B	IRTH March (Month)		/ 8 <b>95</b> •	Dec. 10,	, 193 , to Januar	y 15th, 191 4 y 15th, 191 4
7 AGE	18 yrs. 10	mos. 10 ds.	If LESS than  1 day,hrs.  ORmin. ?	The CAUSE OF DEAT		
8 OCCUPATION (a) Trade, profes	ssion, or	ice		Pulmonary Tuberculosis.  Tuberculous Peritonitis and Enterit		
(b) General nature of industry, business, or establishment to Leather trade.  which employed (or employer)				In	(Duration) 1(?)	
9 BIRTHPLAC (State or cou	Maryl	and		Gentributory(Secondary)	(Duration)	yrs. / mos. ds
O 11 BIRTH	John T.	Rainey,		(Signed) Jan• 15, 19, 4	(Address) State Sa	natorium, Md

Maryland.

Maryland

Louisa Stirley.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Vincen J. Hughes.

> State Sanatorium, Md. (Address).....

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimore, Md. Unknown. 20 UNDERTAKER

Baltimore. Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

State

Probably at work.

M. L. Creager.

TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENTS

Where was disease contracted.

If not at place of death?.

usual residence.

At place

Thurmont, Md.

Lifetime.

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salciman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senlie," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ampie: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Car Examples: For vio-

Apprentice

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N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 615	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 137
Vi	11age or City Missaletator (No. 2) 2FULL NAME Mary Ellen R.	St; Ward)  [ff death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Single, Midowal are of BIRTH  4 COLOR OR RACE  Single, Midowal wildowal are of BIRTH  5 SINGLE, MARRIED, Widowal are of BIRTH  5 SINGLE, Midowal are of BIRTH  5 SINGLE, MARRIED, Widowal are of BIRTH  5 SINGLE, MIDOWAL ARE OF BIRTH  5 SINGLE, M	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  Jan 1/th, 1914, to Jan 25, 1914,
7 AG	(Month) (Day) (Year)    E	and that desth occurred on the date stated above, at
(a) par (b) busi whice	Trade, profession, or flicular kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE ate or country) Mary Jand.	(Duration) yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.  (Duration) yrs. mos. ds.
PARENTS	10 NAME OF FATHER LAAM Stougle  11 BIRTHPLACE OF FATHER (State or country) Was yould  12 MAIDEN NAME OF MOTHER Afrancial Rougle	(Signed)
	13 BIRTHPLACE OF MOTHER (Siste or country) Mary Land THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maddle trum Ma	or RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, it not at place of death? Former or usual residence.
16 FII	ed / 2 f	Maddelston  20 UNDERTAKER  ADDRESS  ADDRESS  E. Franklin St., Balto, Requesting V. S. No. 1
	and the state of t	Ma

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purpresal septichacetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 'Uraemia," "Weakness," (name origin; "Can-Examples : of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEVED FECTO 1914 BURLAUV.S.

V. S. No. 1.

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	RECORD	PHYSICIANS of OCCUPAT
ri	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. 8.
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PLACE OF DEATH 616  County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City Emmissing (No	Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Temple Thinh . Single, when the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day (Year)	that I last saw h 11 allve on 1114.		
7 AGE  if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at		
a) Trade, profession, or particular kind ot work	Contributory Secondary		
10 NAME OF FATHER (APM) Riddlimona  11 BIRTHPLACE OF FATHER (State or country) May land  12 MAIDEN NAME OF MOTHER	(Signed) (Ouration) yrs mos ds.  (Signed) (Address) 211111111111111111111111111111111111		
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Address) Ando Mill Med.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  SX Pelika Genety Liberty Ma Jaw 12, 1914		
Filed Jan / 191 4 Registrate  If more blanks are needed, address State Regis	20 UNDERTAKER  JACO L. There's Son Enithery My d.  Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewifc, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Laborer As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For vio-



certificate.

CO

Instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fif death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day .....hrs. DEATH\* was as lollows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) hearf weakney (Doration) 10 NAME OF FATHER (Address) M. 11 BIRTHPLACE 1 amoull ARENT OF FATHER (State or country) nouls onery \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. if oot at place of death?-Former or usual residence OR REMOVAL DATE OF BURIAL Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unquialified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purreman septicharture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples:



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nty Inderick	



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 143

St; Ward)

[If death occurred in a hospital or institution,

FULL NAME Damiel Frances	Codered of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While wid word	16 DATE OF DEATH  Month)  Month)  Month)  Month)  Month)  Mercell (Year)  Month)  Month)  Month)  Month)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I set sew h son slive on Jarry / the 1914,
TAGE    It LESS than 1 day,hrs. or	and that death occurred on the date stated above, st. 12 30/m, The GAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **DOMANIE OF FATHER LEWY ROSNICK**	(Buration) yrs. mos. /2 ds.  Contributory Exhaustian (Secondary)  (Beralion) yrs. mos. /2 ds.  (Signed) M. G., M. Communa M. D.  Jany 14, 1914 (Address) Frederick mol.
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BESTAFF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs ds. State yrs ds.  Where was disease contracted,
(Informant) Hasgart & Rodrick (Address) Jefferson, Hod, 18 Filed Jan 7, 1914 M. Etchison REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKES  ADDRESS  H. F. L.
If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-CAUSINO DEATH, state occupation at beginning of Illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the piseass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

PLACE OF DEATH

John Ryan,

County Frederick

\* FULL NAME

Village or City State Sanatorium

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.. ...Ward) [if death occurred in a hospital or Institution, give its NAME iostead of street and number.]

	PERSONAL AND ST	ATISTICAL PA	RTICULARS	5	MEDICAL	L CERTIFICATE OF	DEATH
SEX	PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED, WIOOWEO, OROIVORCED (Write the word)		16 DATE OF DEATH	January (Month)	15th, 1914. (Day) (Year)		
Danuary 13th. 861.					Oct. 29, 191 3 to January 15th, 1914.		
AGE		Month)  mos.	1	(Year) If LESS than day,hrs. ORmin.?	that I last saw h. 1m. alive on January 15th. , 1914 and that death occurred on the date stated above, at 10 A. m. The CAUSE OF DEATH* was as follows:		
(a) Tr	ade, profession, or ular kind of work	arpenter			Pulmonary Tuberculosis Chronic Myocarditis and Chronic		
husine	eneral nature of Industry, ss, or establishment in employed (or employer)	Jobber•			Interstitial Nephritis. Several years. Duration yrs. mos. ds.		
BIRTHPLACE (State or country)  Maryland					Contributory (Secondary) (Deration) // /yrs mos ds.		
_	10 NAME OF FATHER Edward Ryan,  11 BIRTHPLACE OF FATHER (State or country)  12 Ireland.			(Signed)  Jan. 15th, 1914. (Address) State Sanatorium, Md.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the Lifetime.  of death yrs mos ds.			
ENTS							
	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF Whalen,  13 BIRTHPLACE OF MOTHER (State or country)						
1							
(Interment)Vincen J. Hughes,					Where was disease contracted, if not at place of death?  Former or usual residence. Baltim	Olly HOMIT.	
(Address) State Sanatorium, Md.  5 Filed Jan 99, 1914 C. A Sleven REGISTRAR				•	19 PLACE OF BURIAL OF Baltimore, Md		Unknown 1917
				GISTRAR	2º UNDERTAKER M. L. Creager		Thurnont, Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.].

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As examples it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mu, (u) Succession Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. first, line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, But in many For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinai meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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sucb, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-

Carpenter

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REGIONAL DE LES 2 1914
BUREAU, N.S.

. THE CHIEF WITE

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Frederick (No. 11/4, FULL NAME Groups adas	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3/  Stillarlet St; Ward) Ward)  Schweder of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, World Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Seft 10, 1849.  (Month) (Day) (Year)	that I last saw h sin alive on Juniy 13, 1914
G 4 yrs. 1 mos. 1 ds. ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Beirthplace (State or country)	(Duration) / yrsmosds.  Contributory Chronic Pornichity (Secondary)  (Ouration) 2 yrsmosds.
10 NAME OF FATHER Frederich Schwider Sees  11 BIRTHPLACE OF FATHER (State or country) Grown any  12 MAIDEN NAME OF MOTHER Softing From Many	(Signed)
of Mother Sophia Francy  13 BIRTHPLACE OF MOTHER (State or country)  Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) albert. A. Schwiler	If not at place of death?  Former or  usoal residence
(Address) 21 6 n. market St Fredh 24d  Filed 12 Jan, 1914 De Cha J. M. C. March  Rear Trans	20 UNDERTAKER ADDRESS  Followider Good no

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: applies to each and every person, lrrespective of age tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:



No. 1.

### PERMANENT NFADING

properly supplied certificate. 50 back term 00 Instructions = DEATH ō P Important. Every It 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) a hospital or jostitution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... to. Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day ..... hrs. OR ..... ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENTS 5., 191.4. (Address) OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAMI T.V. SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ..... yrs. ..... mos. .... State ... Where was disease contracted. If not at place of death?. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement: applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urachia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," merc symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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PHYSICIANS should state RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pinous THIS properly AGE UNFADING INKcarefully supplied. pe that it may 80 WITH pe terms, pinous PLAINLY, of information s DEATH in plain WRITE Every Item CAUSE OF Item

certificate.

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See instructions

Important.

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Filed

PLACE OF DEATH Village or City

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St .: .....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

Lebeste Like

FULL NAME VICTORY		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH 7 25 , 1830 (Month) (Day) (Year)	that I last saw h hi alive on 200 1916	
7 AGE  83 yrs. 5 mos. 7 ds. OR min.?	and that death occurred on the date stated above, st	
BOCCUPATION  (a) Trada, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which amployed (or employer)	Exposed A Cord & hunger  (Duration) yrs. mos. ( ds.	
9 BIRTHPLACE (State or country) Manual	Gontributory (Secondary) (Ouration) yrs mos ds.	
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)	
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	at place of death?  The state of death?	
(Informant) Wardenson Store Market	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of iliof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfuily employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Mousewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—In a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scattchaeinus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head ... (name origin; "Can-Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. B. No. 1.

County Willage or City M Gourvills (No. St; Ward)  PULL NAME Transport of It feels account a benjular of less the give its Male so filled account a benjular of less the give its Male so filled account a benjular of less the give its Male so filled account a benjular of less the give its Male so filled account a benjular of less the give its Male so filled account a benjular of less than the filled account a benjular of less than the filled account of the fil		PLACE OF DEATH 623	STATE OF MARYLAND
VIIIage or City M Janville (No. St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL P	Co		
SENAL AND STRITTED.  SENAL COLOR OR RACE  SENALE, MARRIED, WIDOWED  (Month) (Day) (Year)  (Month) (Day) (Parketon the date stated above, at the date s	v	3 5	St.; Ward)  [If death occurred a hospital or Institution give its MAME loster
SEX  4 COLOR OR RACE  SAMBLES  SAMBLES  SAMBLES  WIDOWORD  WIDOWORD  WITH STATE  TO DATE OF BIATH  COLOR  (Month)  (Day)  (Corr  With the word)  TO AGE  If LESS than  1 day, Mrs.  (Month)  (Day)  (War)  (War)  (Month)  (Day)  (War)  (Day)  (Marian)  (Day)  (Marian)  (Day)  (Marian)  (Day)  (Marian)  (Day)  (Marian)  (Day)  (Marian)  (	_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ODATE OF BIRTH    191	3 SE	4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED.	(Month) (Day) (Year)
The CAUSE OF DEATH* was as follows:    The CAUSE OF DEATH* was as follows:   The CAUSE OF DEATH* was as follows:	6 D.	DEC. 21, 19/3	
(a) frade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **ONAME OF FATHER**  **OFFATHER**  **OFFATHER**  **OFFATHER**  **OFMOTHER**  **OFMOTHER**  **OFMOTHER**  **OFMOTHER**  **State or country*  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **OFMOTHER**  **State or country*  **Is BIRTHPLACE**  **OFMOTHER**  **State or DISMASS CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **State or Country*  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **State or Country*  **Is BIRTHPLACE**  **OFMOTHER**  **State the DISMASS CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.  **Is BIRTHPLACE**  **OFMOTHER**  **State the DISMASS CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **State the DISMASS CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **OFMOTHER**  **State the DISMASS CAUSING DEATH, or, in deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL.  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **OFMOTHER**  **Is BIRTHPLACE**  **OFMOTHER**  **OFMOTHER**  **Is BIRTHPLACE**  **OFMOTHER**  **Is BIRTHPLACE**  **OFMOTHER**  **Is BIRTHPLACE**  **OFMOTHER**  **Is BIRTHPLACE**  **OFMOTHER**  **Is BIRTHPLACE*	7 AC	1 day,hrs.	
(Signed)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  22 C OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(a) par (b) busi whi	Trade, profession, er ticular kind of work	(Duration) yrs. mos. di
State the DISMASS CAUSING DEATH, OF, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident all of Mother of Mother of Mother of Mother (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Intormant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Intormant)  Address)  Address  15 PLACE OF BURIAL OR REMOVAL  16 PLACE OF BURIAL OR REMOVAL  17 PLACE OF BURIAL OR REMOVAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS	(Si		(Secondary) (Duration) yrs mes d
OF MOTHER December 18 Length of Residence (For Hospitals. Institutions, Transien or Recent Residents)  13 BIRTHPLACE OF MOTHER (State or country)  At place of death	ENT	(State or country) /nd,	*State the DISMASE CAUSING DMATH, or, in doths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
interment)  If not at piace of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL L  ADDRESS  ADDR	4	OF MOTHER & accept Thompson.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative wealthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



### PHYSICIANS RECORD PERMANENT EXACTLY. stated 4 pe IS pinous INK-THIS AGE UNFADING WITH PLAINLY WRITE

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is very statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) Exact DATE OF BIRTH properly classifled. (Month) (Day (Year) 7 AGE If LESS than 1 day, Ohrs. SOCCUPATION (a) Trade, profession, or particular kind of work... carefully supplied.

o that it may be p (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 o of information should be DEATH in plain terms, See instructions on back of Father (State or country) PARENTS 12 MAIDEN NAME OF MOTHER of Mother (State or country) CAUSE OF Important. S (Informant) (Address) 15 REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  MEDICAL CERTIFICATE OF DEATH  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  MEDICAL CERTIFICATE OF DEATH  [Month] (Day (Year)  I HEREBY CERTIFY, That I attended deceased from 191.  It death occurred on the date stated above, at multiple of the date of t	
CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  MEDICAL CERTIFICATE OF DEATH  E OF DEATH  (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from 191 to 191	
St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  MEDICAL CERTIFICATE OF DEATH  E OF DEATH  (Month)  (Day  (Year)  I HEREBY CERTIFY, That I attended deceased from 191	
St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  MEDICAL CERTIFICATE OF DEATH  E OF DEATH  (Month)  (Day  (Year)  I HEREBY CERTIFY, That I attended deceased from 191	
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ate the DISEASE CAUSING DEATH, or, in deaths from VIOLENTS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTICIDAL, OF HOMICIDAL.	2
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write Nonc. "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," theula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asratvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Maras geuital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Cournisions," "Debility" ("Cou-Bronchopneumonia (secoudary), 10 ds. Never report ample: Measles (disease cansing affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origiu; "Can The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion, For vio-



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STATE OF MARYLAND Very CERTIFICATE OF DEATH SICIANS should occupation is Registered No. [it death occurred in .Ward) a hospital or institution give its NAME Instead ot street and number. ] of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIEO, WIDOWED. (Day) (Month OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1914 to Chua 22 (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. pe business, or establishment in may which employed (or employer) Contributory..... certificate. BIRTHPLACE (Secondary) (State or country esrefully b that It 10 NAME OF (Signed) FATHER 0 0 terms, on back 11 BIRTHPLACE H OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. uo AR 12 MAIDEN NAME plain OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, brown man OR RECENT RESIDENTS) 13 BIRTHPLACE 2 in the At place OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ...... yrs, ..... mos. .... DEATH Where was disease contracted. TRUE TO THE BEST it not at place of death? (intermant) usual residence. OF important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSE (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinoscipalisms

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maits. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify an which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronio interstitial nephritis nant neopiusms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Frederick

Village or City State Sanatorium, (No.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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		COULT THE CHILD	ALL BARMANIA AND		
PERSONAL AND STATISTICAL PARTICULARS		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SI	ile	*COLOR OR RACE White	SINGLE, MARRIEO, WIDOWEO, ORDIVORGED Married (Write the word)	January 29th, 1914  (Month) (Day (Year)	
April 2nd, 1884.  (Month) (Day (Year)			(Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from January 28th, 1914, to January 29th, 194.  that I last saw him allve on January 29th, 1914.	
7 AGE   It LESS than 1 day,hrs. ORmin. ?			4 4-0 600	and that death occurred on the date stated above, at 440 A. m. The CAUSE OF DEATH* was as follows:	
pa (b) bus	General natura iness, or esta	vion, or Salesma work Salesma e of Industry,	in•	Pulmonary Tuberculosis and Pneumo-thorax Several years.  (Duration) yrs. mos.	
9 BIRTHPLACE (State or country) Maryland			Gentributory Secondary  (Duration) yrs mos d		
	(State or country) Maryland  12 Maiden Name OF MOTHER Mary McCann,  13 BIRTHPLACE OF MOTHER (State or country) Maryland.		ewart	(Signed) V. J. LUSLy., M.	
N N			nd	Jan. 29th, 1914 (Address) State Sanatorium, Md.  *State the Disease Causing Death, or, in deaths from Violen	
			nn,	TAL, SUICIDAL, OF HOMICIDAL,  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED	
			and.	At place of death yrs mos ds. State yrs mos d	
		V. J. Hughes,		Where was disease contracted, Probably at work.  If not at place of death? Probably at work.  Former or usual residence. Baltimore, Md.	
	(Address)	State Sana	torium, Md.	19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL	
15 Fil	ed Marc	h3,1914. 6.	1 Steven	Baltimore, Md. Unknown., 1914  20 UNDERTAKER ADDRESS  M. L. Creager, Thurmont, Md.	

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal" septiehaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marus genital," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," may be stated under the head. of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For Vio-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING S. No. 1.

PLACE OF DEATH,	STATE OF MARYLAND
County Freederick 020	CERTIFICATE OF DEATH
1/1	Registration Dist. No. 150
Village or City / trulls tors (No.	St; Ward) [It death occurred in a hospital or institution.
	give its NAME Instead
2 FULL NAME Savilla Mary	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHIRES,	16 DATE OF DEATH
hemale While (movero, and med (movero, windowed)	(Month) (Day) (Year)
6 DATE OF BIRTH A L	17 I HEREBY CERTIFY, That I attended deceased from
Velver the 3 1 1823	1914, to Jan, 1914.
(Month) (Day) (Year)	that I last saw hea alive on Jan 1914
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
90 yrs. 2 mos. // ds. ORmin.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION . /	Paralysis -
(a) Trade, protession, or particular kind of work.	California of ald Sil
(b) General nature of industry,	abut
business, or establishment in which employed (or employer)	(Quration) 3 yrs. mos. ds.
State or country) Hannu. Pa.	Gentributory (Secondary)
1D NAME OF A.	(Doration) yrs mos. ds.
FATHER Williami Winebrened.	(Signed) , M. O.
O 11 BIRTHPLACE OF FATHER	Jan 11 , 191 4 (Address) Woodsland 245
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCURATE
of Mother Mary Ellen King.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
Interments Ales. Julies Harmis.	Former or
Littles lown Par	usuai residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 - 4 0 00	29 UNDERTAKER ADDRESS
Filed January 1913 C. Bauelle REGISTRAR	haretts Howell Hondston &
of more blanks are needed, address State Registrar, 6 1	

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the death), 29 "Exhaustion," Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) a hospifal or Institution, give its NAME Instead of sfreet and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at 1 day, ... hrs. OR .... min. ? 8 OCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ..... yrs. ..... mos. .... ds. State ..... yrs. \_... mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or (Informant) ... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or indust y; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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childbirth or miscarriage, as "Purreral septichae genital," ample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "TUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chrowie oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 7 1914 BURLLAUTY.S.

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information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Frederick Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead A. Mummers of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, Married WIDOWED. (Month) (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 9-15, m. 1 day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. if nof at place of death? .. Se Former or OF usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/ 1914 15 20 UNDERTAKER ADDRESS REGISTALA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

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	2FULL NAME TOUNGUSES. U.	$U_{\bullet} \subseteq$
_	PERSONAL AND STATISTICAL PARTICULARS	
3 BI	4 COLOR OR RACE  SINGLE, Surgle MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DAT
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	yrs mos ds. or min.?	Q <sub>2</sub>
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ARENT	OF FATHER (State or country) Macrigland	*St CAUSE
AR	12 MAIDEN NAME OF MOTHER // 5 38 1 00.	TAL,
O.	Margaret Of Villian	OR R
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#### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No

[if death occurred to St.: Ward) a hospital or institution, give its NAME instead of street and number. ]

DICAL CERTIFICATE OF DEATH

(Month) (Day REBY SERTIFY, That I attended deceased from rred on the date stated above, at

EASE CAUSING DEATH, or, in deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDEN-HOMICIDAL.

18	LENGTH C	FRESIDENCE (FOR	HOSPITALS, IN	STITUTIONS,	TRANSIENT
At	piace		In the		

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Sowant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubcrculcists of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

898, Manumond
FEB 5 1914
BUREAU, V.S.

S. No. 1.

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N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 2 UNFADING INK-THIS WRITE PLAINLY, WITH

County Historical 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 142
2FULL NAME Mr. Cibel &	St.; Ward)  St.; St.; Ward)  St.; St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17/ I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  5 7 1864	Jacely 1, 1914, to June 1, 1914.
(Marien) (Lang) (Lang)	that I last saw h a alive on Jacon 1914
7 AGE  If LESS than t day,hrs.  ORmin.?	The GAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or  particular kind of work  ### ################################	Lausann Saken with
(b) General nature of industry, business, or establishmeof in which employed (or employer)	(Duration) yrs. mos. / ds.
9 BIRTHPLACE (State or country) Maryland	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Richard Tours	(Signed) Gowan, M. D.
OF FATHER (State or country) Maryland  2 Maiden Name	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Abroba Usbb  13 BIRTHPLACE OF MOTHER (State or country)  Ohio	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). Mrs. Claudia M Vansan	Where was disease contracted, If not at place of death?  Former or  usual residence
(Address) Put Carry RD	Prospect Cour. Truel Jan. 4. 1914
Filed Jan 2nd 1914 21 Stellay REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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See Instructions

RECORD

1 PLACE OF DEATH County PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 10 (Month) (Day) (Year) It LESS than TAGE 1 day, .... hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which omployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.St .: .....Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead ot street and number.]

MEDIC	AL CERTIFICATE	OF DEATH	
18 DATE OF DEATH	Jan	25%	, 1914
	(Month)	1 7	(Year)
	BY CERTIFY, Tha		eased from
Jaw. 15th	, 1914, to XO	uc 25	, 191 4
that I last saw h	allycon a	u 25	. 191 4
		F - F T	
and that death occurre	d on the date stat	ed above, at	m
The CAUSE OF DEAT	H* was as follows	•	
0 /	1.01	01-1	
Vnle	etwal de	Amelia	٧_
101111111111111111111111111111111111111	***************************************	***************************************	* * * * * * * * * * * * * * * * * * * *
***************************************	******************************		
***************************************	(Duration)	yrsm	os. 10 ds.
Contributory		•	
(Secondary)	A	· · · · · · · · · · · · · · · · · · ·	
A-/	(Opration) .	yrs m	osds.
(Signed) Odus T	D. Hone		
		1-7-	, M. D.
Jan. 26, 1914	(Address) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rlycown	
*State the DISEASE	CAUSING DEATH, O	r, in deaths from	VIOLENT
CAUSES, state (1) M TAL, SUICIDAL, or Ho	EANS OF INJURY: A	ind (2) whether	ACCIDEN-
18 LENGTH OF RESID	ENCE (FOR HOSPITA		
OR RECENT RESIDENT	3/		TRANSIENTS.
of death yrs	ont nl		
Where was disease contract		yrs,	nos as
It not at place of death?		*********************	******************
Former or			
usual residence			
19 PLACE OF BURIAL	OR REMOVAL	DATE OF B	URIAL
Liberty Four	2 Mad	Jan. 2	7, 191.4
20 UNDERTAKER		APPRESS	4
Juraduen	Broo.	Nila 1-3	1-
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No. i

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer--- Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—In all all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal scottchaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (name origin; "Can Examples:



MARGIN RESERVED FOR BINDING

V. 8. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

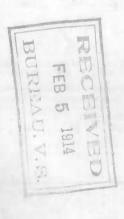
Ounty Frederick (No. Sift)  Full NAME For Market	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. / 3/  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  Fift 226, 1847  (Month) (Day) (Year)	Nov. 15, 1913, to Jan. 3, 191 4. that I last saw h im alive on Jan. 3, 191 4
7 AGE    It LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
B OCCUPATION (a) Frade, protession, or particular kind of work.  (b) Beneral nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) London lo Va	(Secondary) (Secondary) (Secondary) (Duration)  yrs  mos  ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME	(Signed) , M. D. Jan. 3, 191 H (Address) Fi Ledwick, Machine State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) Law to the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Sovetts wille II.  Filed 4 Jan., 1914 De Cent Michael Manager Manage	20 UN DERTAKER ADDRESS ADDRESS TO BE Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puesperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilt death occurred in .Ward) a hospital or Institution. give Its NAME Instead of street and number.] MEDICAL CENTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Massed ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than TAGE 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributor 9 BIRTHPLACE (State or country 2 Secondary 10 NAME OF FATHER (Signed Vacerus (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ..... yrs. ..... mos. ..... ds. State ...... yrs, ...... mos. ..... (State or country) Where was disease contracted. MY KNOWLEDGE it not at place of death? usual residence. DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH redire Registration Dist. No. Ilf death accurred in St.;....Ward) a hospital or lostitution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) OROIVORCED
(Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 808 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* OR ..... ? SOCCUPATION (a) Trade, profession, or cure Leson C particular kind of work (b) General nature of industry. business, or establishment in (Duratioo) which emplayed (or emplayer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE PARENT (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State Where was disease contracted. If not at place of death?-Former or usual residence. DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	n of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAI
MARGIN RE	WRITE PLAINLY, WITH UNI	n of Information should be careful F DEATH in piain terms, so that

Co	1 PLACE OF DEATH	000	CERTIFICATE	MARYLAND OF DEATH		
Vii	iage or City State Sar			(ard) [If death occurred a hospital or Institution give its NAME instead of street and number.		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICA	MEDICAL CERTIFICATE OF DEATH		
3 <sub>S</sub>			16 DATE OF DEATH Januar (Month	y 4th, 191		
8 D	Apri (Mo	nth) (Day (Yea	that I last saw h.er alive on	nuary 4th, 191		
(a) pa (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in ich employed (or employer)  RETHPLACE (State or country)  Mary		Pulmonary Tuberculosi Tuberculous Enteritis  (Owation Secondary			
	10 NAME OF FATHER Joseph	Zulich	(Signed) (Dufation	Hussy,		
PARENTS		trict of Columbia.	Jan. 4th, 1974. (Address) St. State the DISEASE CAUSING DEAR CAUSES STATE (1) MEANS OF INJUR TAL, SUICIDAL, OF HOMICIDAL.			
		erine Lavezza	18 LENGTH OF RESIDENCE (FOR HOSE	ITALS, INSTITUTIONS, TRANSIE		
	OF MOTHER (State or country) Mar		of death vrs. 2 mos. 28 ds	State vre moe		
	THE ABOVE IS TRUE TO THE		Where was disease contracted. Probat If not at place of death? Former or usual residence. Baltimore, Mo	· · · · · · · · · · · · · · · · · · ·		
	(Informant) Vincen J. Hu					
15	(Address) State Sa	natorium, Md.	19 PLACE OF BURIAL OR REMOVAL Baltimore, Md.	Unknown •, 191		



[Approved by U. S. Census and American Public Health Association.]

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